



*State of Louisiana*  
DIVISION OF ADMINISTRATION

OFFICE OF TELECOMMUNICATIONS MANAGEMENT

KATHLEEN BABINEAUX BLANCO  
GOVERNOR

JERRY LUKE LEBLANC  
COMMISSIONER OF ADMINISTRATION

Today's Date: \_\_\_\_\_

Voice Processing Group  
OTM  
Post Office Box 94280  
Baton Rouge, LA 70804-9280

**To Whom It May Concern:**

This letter is to request a password reset on mailbox number (\_\_\_\_\_) \_\_\_\_\_  
currently in the name of \_\_\_\_\_, with the  
\_\_\_\_\_ agency.

The new user name is \_\_\_\_\_. The reason  
for the password reset is: \_\_\_\_\_

Please note that the requestor takes all responsibility for any questions regarding the issue of privacy to the mailbox holder. In order for your request to be processed it must be signed by the Agency Telecommunications Coordinator. Once approved, please fax to the OTM Voice Processing Group at 225-342-7965. Upon reset, the Agency Telecommunications Coordinator will be notified and the new temporary password will be "5678". Please allow at least one full business day after submittal to OTM for the reset to be completed.

Signed:

\_\_\_\_\_  
Agency Telecommunications Coordinator (TC)

\_\_\_\_\_  
TC's Phone Number

\_\_\_\_\_  
TC's E-mail Address

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Phone Number

.....  
To be completed by OTM:

OTM Approval: \_\_\_\_\_

Date/time faxed to vendor: \_\_\_\_\_

## **Instructions for Voice Messaging Password Reset Request Form (OTM-9) (Revised 6/04)**

This form is used to request a password reset when the mailbox user forgets the current password, the previous mailbox user has left the agency, or when an emergency situation arises and access to an employee's mailbox is crucial. Please print clearly.

<b>Today's Date</b>	Date of Request.
<b>This Letter Is To Request Password Reset On Mailbox Number</b>	Ten-digit telephone number of the mailbox that needs the password reset.
<b>Currently in the Name of with the</b>	Name mailbox is currently listed under, last name first. Agency name.
<b>The New User Name is</b>	If applicable, new user name, last name first.
<b>The Reason For The Password Reset Is</b>	Reason request is being made (example: employee forgot password, previous employee left agency)
<b>Agency Telecommunications Coordinator (TC)</b>	Signature of agency telecommunications coordinator. All orders must be approved by the Agency Telecommunications Coordinator prior to submission to OTM. Failure to obtain proper approval will delay implementation of the order. The person completing the form may contact an OTM Voice Processing Staff Member at 225-342-7857 to obtain the name of the telecommunications coordinator.
<b>TC's Phone Number</b>	Telephone number of the agency telecommunications coordinator.
<b>TC's Email Address</b>	Address of the agency telecommunications coordinator.
<b>Requestor</b>	Signature of person requesting the password reset.
<b>Phone Number</b>	Telephone number of the person requesting the password reset.
<b>To Be Completed by OTM</b>	Everything below the dotted line will be completed by OTM.
<b>Submit to:</b>	Office of Telecommunications Management Voice Processing Group Fax: 225-342-7965